PTO/SB/17 (10-08)
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Under the Par	respond to a collection of information unless it displays a valid OMB control number								
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/567,924-Conf. #5383			
FEE TRANSMITTAL						ebruary 10, 20			
For FY 2009				First Named Inventor Takayul		akayuki Ishiza	/uki Ishizaki		
101112003				Examiner Name S. O. Do			uglas		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	771				
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docket No. TEI-0136				<u> </u>	
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		LING FEES		RCH FEES	EXAMINA	ATION FEES			
A ti ati Tu	Foo /4	Small Entity	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Application Ty Utility	pe <u>Fee (\$</u> 330	6) <u>Fee (\$)</u> 165	540	270	220	110	1000	4141	
· •	220		100	50	140	70		****	
Design	220		330	165	170	85			
Plant			540	270	650	325			
Reissue	330		340	0	030	0			
			U	U	U	U		Small Entity	
								Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$)			Fe	e Paid (\$)	ıltiple Depend	tiple Dependent Claims			
- or HP = x =					e (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra Claim	s Fee (\$)	Fe	e Paid (\$)					
	or HP =	_ x =							
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheet				dditional 50 or frac	ction thereof	Fee (\$)	Fee	Paid (\$)	
4. OTHER FEE(S)								Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month								130.00	
SUBMITTED BY									
Signature	19			Registration No. (Attorney/Agent)	63,796	Telephone	(202) 95	55-3750	
Name (Print/Type)	Name (Print/Type) Sterling D. Fillmore					Date	January	8, 2010	